## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 316391

(2)

L.P. RANCH, INC.

Principal Place of Business	Mailing Address		
11836 CAMP MACK RD	4700 66 STREET NO.		
LAKE WALES FL 33857	ST PETERSBURG FL 33709-		

**FILED** Mar 10 1997 8:00am Secretary of State



us		03	03		3. Date Incorporated or Qualified 05/03/1967	1	3a. Date of Last Report 03/26/1996	
2. Princi	ipal Place of Business	2a. Mailing Address			4. FEI Number		Applied	For
21		26			59-1165338		Not App	licable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired   \$8.75 Addition Fee Required				
	& State	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May 6 Added to Fee	
Zip 24	Country 25	Zip 29 3	Country 30	y	8. This corporation has liability for in Florida Statutes	ntangible tax u Yes [] No		032,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	pistered Agen	ł	
	LISA KOELSCH		81	Name				
	4700 66TH STREET NO.		82	Street A	Address (P.O. Box Number is Not Acceptable	le)		
	4700 66TH STREET NO.		02	Olloot A	dules (1.0. box nomber is not neceptable	10)		
	ST PETERSBURG FL 33709		83					
			84	City		FL 85	Zip Code	
age SIGNAT <b>12.</b>	Sugnification by and or purposed matter of registers	<i>U</i>			required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE OF DERS AND DIR		12
Tille	D	DELETE	1.1 TITLE				Change	Addition
NAME	PEDERSEN, W.L. II		1.2 NAME					
STREET AD	THE RESERVE OF THE PROPERTY OF		1.3 STREE	T ADDRESS				
DitY-ST-2	ALENDALE AT		1.4 CITY-	ST-ZIP				
THILE	VD	DELETE	2.1 TITLE				Change 🔲	Addition
NAME	PEDERSEN, JAMES E		2.2 NAME	ļ				
STREET AD	DRESS 10 S FIRST ST		2.3 STREE	T ADDRESS				
CHY-SI-Z	ZIP LAKE WALES FL		2 4 CITY	-\$1-ZIP				
TITLE	PD	☐ DELETE	3.1 TITLE			اليو	Chan <b>g</b> e 🔲	Addition
NAME	GILCHRIST, ELIZABETH L.		3.2 NAME			d		
STREET AD	1 . =		3.3 STREE	T ADDRESS	1120 N. SHORE DR NE +	- 50z		
CH1Y-S1-2			3.4. CITY-	-ST-ZIP	ST. PETERSBUAG, FL 33	3701	a — —	4 A Pr
TillE	STD	☐ DELETE	4.1 TITLE		•	LJ (	Change 🔲	Addition
NAME	KOELSCH, LISA G		4. 2 NAM					
STREET AD			4.3 STREE	T ADDRESS				
CHY-ST-	ST PETERSBURG FL	Therese	4 4 CITY	ST-ZIP			Change []	Addition
THILF		☐ DELETE	51 TITLE			·	arquige []	Addition
NAME			5.2 NAME					
STHEELAD	108ESS			T ADDRESS	•			
CITY - S.t - 7	ZF:	□ DELETE	54 CiTY-				Chongo TT	Addition
TITLE		☐ DELETE	6.1 TITLE			البيا	Change 🔲	MUUIIIOII
NAME			6.2 NAME					
STREET AS	DOPESS			ET ADDRESS				
CHY-SI-	710		6.4 CITY-	ST-ZIP				

14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: